

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known)

Chapter 7

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Rock River Tool & Die, Inc

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 36-4056136

4. Debtor's address Principal place of business

205 E 3rd Street
Rock Falls, IL 61071

Number, Street, City, State & ZIP Code

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Whiteside
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- Partnership (excluding LLP)
- Other. Specify: _____

Debtor

Rock River Tool & Die, Inc

Name

7. Describe debtor's business

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

Chapter 7
 Chapter 9
 Chapter 11. Check all that apply:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? No Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____

District _____ When _____ Case number, if known _____

Debtor

Rock River Tool & Die, Inc

Name

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other **Vacant and listed for sale.**

Where is the property? 205 E 3rd Street
Rock Falls, IL, 61071-0000

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency

Sentry Insurance

Contact name

Keith

Phone

800-295-6919**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input checked="" type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/19/2017
MM/DD/YYYY

James R. Wright
Signature of authorized representative of debtor

James Wright

Printed name

Title President

18. Signature of attorney

Bernard J. Natale
Signature of attorney for debtor

Date 05/19/2017
MM/DD/YYYY

Bernard J. Natale
Printed name

Bernard J. Natale, Ltd
Firm name

**Edgebrook Office Center
1639 N. Alpine Road, Suite 401
Rockford, IL 61107**
Number, Street, City, State & ZIP Code

Contact phone (815) 964-4700

Email address natalelaw@bjnatalelaw.com

2018683 Illinois
Bar number and State

Fill in this information to identify the case:

Debtor name Rock River Tool & Die, Inc

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration* **Statement of Financial Affairs (Official Form 2017)**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

05/19/17

x

James B Wright
Signature of individual signing on behalf of debtor

James Wright

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name ***Rock River Tool & Die, Inc***

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ **400,000.00**

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ **992.83**

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ **400,992.83**

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **238,887.59**

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **118,770.56**

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **132,036.03**

4. Total liabilities

Lines 2 + 3a + 3b

\$ **489,694.18**

Fill in this information to identify the case:

Debtor name **Rock River Tool & Die, Inc**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: **Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.
 Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: **Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.
 Yes Fill in the information below.

Part 3: **Accounts receivable**

10. Does the debtor have any accounts receivable?

No. Go to Part 4.
 Yes Fill in the information below.

Part 4: **Investments**

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: **Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes Fill in the information below.

Part 6: **Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.

Debtor Rock River Tool & Die, Inc
Name

Case number (*If known*) _____

Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.

Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.

Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.)</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 205 E 3rd Street, Rock Falls, IL APNs - 11-27-151-014; 11-27-151-016; 11-27-151-013	Fee Simple	\$0.00	Appraisal	\$400,000.00

56. **Total of Part 9.**

\$400,000.00

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?

No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No
 Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.

Yes Fill in the information below.

Part 11: All other assets

Debtor Rock River Tool & Die, Inc _____ Case number (*If known*) _____
Name _____

70. Does the debtor own any other assets that have not yet been reported on this form?
Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

		Current value of debtor's interest
71.	Notes receivable Description (include name of obligor)	
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73.	Interests in insurance policies or annuities	
74.	Causes of action against third parties (whether or not a lawsuit has been filed)	
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
76.	Trusts, equitable or future interests in property	
77.	Other property of any kind not already listed <i>Examples:</i> Season tickets, country club membership	
	Cimco - due from sale of scrap	Unknown
	Sentry Insurance - Credit balance on account	\$992.83
78.	Total of Part 11. Add lines 71 through 77. Copy the total to line 90.	\$992.83
79.	Has any of the property listed in Part 11 been appraised by a professional within the last year?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Rock River Tool & Die, Inc _____ Case number (*If known*) _____
Name _____

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$400,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$992.83</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$992.83</u>	+ 91b. <u>\$400,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$400,992.83</u>

Fill in this information to identify the case:

Debtor name **Rock River Tool & Die, Inc**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.		Column A Amount of claim	Column B Value of collateral that supports this claim
2.1	Sauk Valley Bank Creditor's Name 201 West 3rd Street Sterling, IL 61081 Creditor's mailing address	Describe debtor's property that is subject to a lien 205 E 3rd Street, Rock Falls, IL APNs - 11-27-151-014; 11-27-151-016; 11-27-151-013	\$179,154.59 \$400,000.00
		Describe the lien Mortgage	
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	
		As of the petition filing date, the claim is: Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. 1. Sauk Valley Bank 2. Sauk Valley Bank 3. Whiteside County Collector		
2.2	Sauk Valley Bank Creditor's Name 201 West 3rd Street Sterling, IL 61081 Creditor's mailing address	Describe debtor's property that is subject to a lien 205 E 3rd Street, Rock Falls, IL APNs - 11-27-151-014; 11-27-151-016; 11-27-151-013	\$44,225.00 \$400,000.00
		Describe the lien Second Mortgage	
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)	

Debtor Rock River Tool & Die, Inc Case number (if known) _____

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

Specified on line 2.1

2.3 Whiteside County Collector \$15,508.00 \$400,000.00

Creditor's Name

**Whiteside County Courthouse
200 E. Knox Street
Morrison, IL 61270**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**205 E 3rd Street, Rock Falls, IL
APNs - 11-27-151-014; 11-27-151-016;
11-27-151-013**

Creditor's email address, if known

Describe the lien

Real Estate Taxes

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H)

Date debt was incurred
2016

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

Specified on line 2.1

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$238,887.59

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name ***Rock River Tool & Die, Inc***

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1	\$12,025.00	\$12,025.00
Priority creditor's name and mailing address Barry Young 21641 Hoover Rd Sterling, IL 61081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Wages	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	\$10,379.70	\$10,379.70
Priority creditor's name and mailing address Carroll O Berg, Jr 29028 Mechling Ln Rock Falls, IL 61071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred	Basis for the claim: Accrued vacation pay and severance	
Last 4 digits of account number	Is the claim subject to offset?	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	
2.3	<p>Rock River Tool & Die, Inc</p> <p>Name</p> <p>Priority creditor's name and mailing address Chad M Oldham 700 N Meyers Ave Milledgeville, IL 61051</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Accrued vacation pay and severance</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$964.00 \$964.00
2.4	<p>Priority creditor's name and mailing address Cody A Lawson 1406 8th Avenue Rock Falls, IL 61071</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Accrued vacation pay and severance</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,631.92 \$3,631.92
2.5	<p>Priority creditor's name and mailing address Daniel C Rodriguez 607 West 3rd Street Sterling, IL 61081</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Accrued vacation pay and severance</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$929.38 \$929.38
2.6	<p>Priority creditor's name and mailing address Danny L Jones 1507 8th Avenue Rock Falls, IL 61071</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Accrued vacation pay and severance</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$8,949.20 \$8,949.20

Debtor	Rock River Tool & Die, Inc	Case number (if known)
Name		
2.7	Priority creditor's name and mailing address Eric M Woodard 314 E 2nd Street Rock Falls, IL 61071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Accrued vacation pay and severance
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.8	Priority creditor's name and mailing address James Wright 2104 E 39th Street Sterling, IL 61081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Wages
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.9	Priority creditor's name and mailing address Joseph J Wright 2207 14th Ave Sterling, IL 61081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Accrued vacation pay and severance
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.10	Priority creditor's name and mailing address Robert W Snyder 310 9th Ave Sterling, IL 61081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Accrued vacation pay and severance
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		

Debtor

Rock River Tool & Die, Inc

Name

Case number (if known)

2.11	Priority creditor's name and mailing address Scott E Tornow 207 S Lincoln Street Tampico, IL 61283-7716	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,475.60	\$7,475.60
Date or dates debt was incurred		Basis for the claim: Accrued vacation pay and severance		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)				
2.12	Priority creditor's name and mailing address Sharon Shinault 209 W 20th Street Rock Falls, IL 61071	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$12,025.00	\$12,025.00
Date or dates debt was incurred		Basis for the claim: Wages		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)				
2.13	Priority creditor's name and mailing address Terry A Warner 2201 E. 7th Street Sterling, IL 61081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$13,838.40	\$13,838.40
Date or dates debt was incurred		Basis for the claim: Accrued vacation pay and severance		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)				
2.14	Priority creditor's name and mailing address Thomas W Cole 406 E 5th Street Sterling, IL 61081	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,235.20	\$9,235.20
Date or dates debt was incurred		Basis for the claim: Accrued vacation pay and severance		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)				

Debtor	Rock River Tool & Die, Inc	Case number (if known)
Name		
2.15	Priority creditor's name and mailing address Todd D Tornow 106 North Main Street Tampico, IL 61283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date or dates debt was incurred		Basis for the claim: Accrued vacation pay and severance
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address ACCU-CUT Incorporated 1617 MAGNOLIA STREET Rockford, IL 61104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Various invoice account balance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,995.00
3.2	Nonpriority creditor's name and mailing address Aramark Uniform Services Auca Chicago MC Lock Box 25259 NETWORK PLACE Chicago, IL 60673-1252 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Various invoice account balance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$492.50
3.3	Nonpriority creditor's name and mailing address Barry Young 21641 Hoover Rd Sterling, IL 61081 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loans and expenses Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,912.37
3.4	Nonpriority creditor's name and mailing address Blackhawk Industrial Distribution PO Box 205665 Dallas, TX 75320-5665 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Various account invoice balance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,115.51
3.5	Nonpriority creditor's name and mailing address BlueWater Thermal Solutions PO Box 712534 Cincinnati, OH 45271-2534 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Various invoice account balance Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$334.00

Debtor	Rock River Tool & Die, Inc	Case number (if known)	
Name			
3.6	<p>Nonpriority creditor's name and mailing address Cline Tool Service Co, Inc Attn: Accounting PO Box 866 Newton, IA 50208</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Various invoice account balance</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$483.32
3.7	<p>Nonpriority creditor's name and mailing address Diamond Heat Treating 3691 Publishers Drive Rockford, IL 61109</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Various invoice account balance</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$9,021.96
3.8	<p>Nonpriority creditor's name and mailing address EWT/3DCNC Inc 3019 Eastrock Court PO Box 7473 Rockford, IL 61109-7473</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Various invoice account balance</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$261.50
3.9	<p>Nonpriority creditor's name and mailing address Gleason Cutting Tools Dept 550 PO Box 8000 Buffalo, NY 14267</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Various invoice account balance</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$824.23
3.10	<p>Nonpriority creditor's name and mailing address Hulick Metals, Inc c/o: Attorney Tom Green 6833 Stalter Drive Rockford, IL 61108</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number <u>AR59</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Alleged claim of payment owed (not including fees, costs, interest)</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$29,264.95
3.11	<p>Nonpriority creditor's name and mailing address James Wright 2104 E 39th Street Sterling, IL 61081</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loans and expenses</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$28,190.29
3.12	<p>Nonpriority creditor's name and mailing address Johnson Oil Co 1305 12th Avenue Rock Falls, IL 61071</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Various invoice account balance</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,184.40

Debtor	Rock River Tool & Die, Inc	Case number (if known)
Name		
3.13	Nonpriority creditor's name and mailing address Metrology Solutions 1335 Lakeside Drive Unit 6 Romeoville, IL 60446 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Various invoice account balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Micro Punch and Die Co Kirk Kirking PO Box 5252 Rockford, IL 61125 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,759.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Various invoice account balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address MSC Industrial Suply Inc PO Box 953635 Saint Louis, MO 63195-3635 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$953.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Various invoice account balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Norman J Geer, Esq. 105 North Main Street Bowling Green, OH 43402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,765.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>2012-2014 COMM Invoice account balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address Pro Tech Calibraion & Repair 1827 First Ave Silvis, IL 61282 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$275.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Various invoice account balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address S.J. Smith Welding Supply 2500 1st Ave Rte. 40 Rock Falls, IL 61071-3523 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,749.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Various invoice account balance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address Sharon Shinault 209 W 20th Street Rock Falls, IL 61071 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,204.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans and expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Rock River Tool & Die, Inc	Case number (if known)
Name		
3.20	Nonpriority creditor's name and mailing address Sussex Tool and Supply PO Box 355 Lannon, WI 53046	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$630.15
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Various invoice account balance</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address United Steel Workers of America 502 Woodburn Avenue PO Box 916 Sterling, IL 61081	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Notice Only</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.22	Nonpriority creditor's name and mailing address United Steel Workers of America Attn: Mark Trone 679 W. 2nd Street Galesburg, IL 61401	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Notice Only</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address United Way of STRLG & RF 502 1st Ave Sterling, IL 61081	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,116.25
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Various invoice account balance</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address USA Carbide Tooling Inc PO Box 170908 Spartanburg, SC 29301-0908	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$530.95
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Various invoice account balance</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.25	Nonpriority creditor's name and mailing address Zapp Tooling Alloys Inc c/o Zapp Precision Strip Inc 266 Barnet Blvd New Bedford, MA 02745	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$771.61
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: <u>Various invoice account balance</u>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Debtor

Rock River Tool & Die, Inc

Name

Case number (if known)

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	118,770.56
5b.	+	132,036.03
5c.	\$	250,806.59

Fill in this information to identify the case:

Debtor name ***Rock River Tool & Die, Inc***

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name ***Rock River Tool & Die, Inc***

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Barry Young**

**21641 Hoove Rd
Sterling, IL 61081**

Sauk Valley Bank

D 2.1

E/F _____

G _____

2.2 **Barry Young**

**21641 Hoove Rd
Sterling, IL 61081**

Sauk Valley Bank

D 2.2

E/F _____

G _____

2.3 **James Wright**

**2104 E 39th Street
Sterling, IL 61081**

Sauk Valley Bank

D 2.1

E/F _____

G _____

2.4 **James Wright**

**2104 E 39th Street
Sterling, IL 61081**

Sauk Valley Bank

D 2.2

E/F _____

G _____

2.5 **Sharon Shinault**

**209 W 20th Street
Rock Falls, IL 61071**

Sauk Valley Bank

D 2.1

E/F _____

G _____

Debtor ***Rock River Tool & Die, Inc***

Case number (if known)

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6 **Sharon Shinault** **209 W 20th Street**
Rock Falls, IL 61071

Sauk Valley Bank

D 2.2
 E/F _____
 G _____

Fill in this information to identify the case:

Debtor name **Rock River Tool & Die, Inc**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2017** to **Filing Date**

Operating a business

**Operating a business
plus equipment sale
proceeds**

\$171,425.64

Other

For prior year:
From **1/01/2016** to **12/31/2016**

Operating a business

\$1,095,006.00

Other

For year before that:
From **1/01/2015** to **12/31/2015**

Operating a business

\$1,191,166.00

Other

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

**Gross revenue from
each source**
(before deductions and
exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. Sauk Valley Bank 201 West 3rd Street Sterling, IL 61081	Monthly and Account Sweeps	Unknown	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Hulick Metals, Inc vs. Rock River Tool and Die, Inc 2017-AR-59	Collection	17th Judicial Circuit Winnebago County Rockford, IL	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>			

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Bernard J. Natale, Ltd Edgebrook Office Center 1639 N. Alpine Road, Suite 401 Rockford, IL 61107	Attorney Fees and Costs	05/2017	\$2,335.00

Email or website address
natalelaw@bjnatalelaw.com

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 Various Third Parties	Public auction of machinery, equipment, fixtures and supplies Net after sale costs	02/2017	\$164,818.08
Relationship to debtor None			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained.**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10. Yes. Does the debtor serve as plan administrator? No Go to Part 10. Yes. Fill in below:

Name of plan

**Rock River Tool & Die, Inc. 401(k) (administered by Edward
Jones)**

Employer identification number of the plan

EIN: 364056136

Has the plan been terminated?

 No Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Sauk Valley Bank 201 West 3rd Street Sterling, IL 61081	XXXX-4101	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	05/2017 Account sweep by secured creditor	\$0.00
18.2. Sauk Valley Bank 201 West 3rd Street Sterling, IL 61081	XXXX-4201	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	05/2017 Account sweep by secured creditor	\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Describe the property	Value
Jerry West RCM 185 15th Avenue Rockford, IL 61104	Rock River Tool & Die, Inc. 205 E 3rd Street Rock Falls, IL 61071	air compressor system and electrical buss bar (purchased at auction but not yet removed)	Unknown

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. **Has the debtor notified any governmental unit of any release of hazardous material?**

No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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26. **Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
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26a.1. **Wipfli**
Richard J Wells
403 E 3rd Street
Sterling, IL 61081

1996 - 2017

26a.2. **Sharon Shinault**
209 W 20th Street
Rock Falls, IL 61071

1996 - 2017

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None**Name and address****Date of service
From-To**26b.1. **Sharon Shinault**
209 W 20th Street
Rock Falls, IL 61071**Name and address****Date of service
From-To**26b.2. **Wipfli**
Richard J Wells
403 E 3rd Street
Sterling, IL 61081

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

 None**Name and address****If any books of account and records are
unavailable, explain why**26c.1. **James Wright**
2104 E 39th Street
Sterling, IL 6108126c.2. **Sharon Shinault**
209 W 20th Street
Rock Falls, IL 61071

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

 None**Name and address**26d.1. **Sauk Valley Bank**
201 West 3rd Street
Sterling, IL 61081**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

 No Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
James Wright	2104 E 39th Street Sterling, IL 61081	President	64.71%
Barry Young	21641 Hoove Rd Sterling, IL 61081	Vice President	23.53%

Name	Address	Position and nature of any interest	% of interest, if any
Sharon Shinault	209 W 20th Street Rock Falls, IL 61071	Secretary-Treasurer	11.76%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No
 Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 James Wright 2104 E 39th Street Sterling, IL 61081	\$20,350.00	05/2016 - 09/2016	Wages
Relationship to debtor <u>President</u>			
30.2 Barry Young 21641 Hoove Rd Sterling, IL 61081	\$20,350.00	05/2016 - 09/2016	Wages
Relationship to debtor <u>Vice President</u>			
30.3 Sharon Shinault 209 W 20th Street Rock Falls, IL 61071	\$20,350.00	05/2016 -09/2016	Wages
Relationship to debtor <u>Secretary Treasurer</u>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
Rock River Tool and Die, Inc 401(k)	EIN: 364056136

Part 14: Signature and Declaration

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/19/17


Signature of individual signing on behalf of the debtor

James Wright

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

United States Bankruptcy Court
Northern District of Illinois

In re Rock River Tool & Die, Inc

Case No.

Debtor(s) Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	2,000.00
Prior to the filing of this statement I have received	\$	2,000.00
Balance Due	\$	0.00

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/19/2017
 Date


 Bernard J. Natale 2018683 Illinois

Signature of Attorney

Bernard J. Natale, Ltd

Edgebrook Office Center

1639 N. Alpine Road, Suite 401

Rockford, IL 61107

(815) 964-4700 Fax: (815) 316-4646

natalelaw@bjnatalelaw.com

Name of law firm

Chapter 7 Bankruptcy Fee Agreement

Federal law requires the execution of a written agreement between attorney and client for Bankruptcy representation. Signing this agreement shall engage the services of **Bernard J. Natale, Ltd.**, hereinafter "Attorney" for Bankruptcy representation pursuant to Title 11, United States Code.

Whereas, ROCK RIVER TOOL & DIE, INC., desires to engage the services of **Attorney** to represent clients' interest in connection with Bankruptcy Proceedings, to be filed within four (4) months of this Agreement, **Attorney** and client do hereby agree:

1. Clients shall pay to **Attorney** for the services described below in paragraph 2, the base fee of **\$ 2,000.00** plus costs of **\$335.00**, prior to case filing.
2. The **Attorney's** base fee shall include services rendered *pre-petition* as follows: **Attorney** shall interview clients, analyze, prepare and file a Chapter 7 Bankruptcy Petition and appear at the first meeting of creditors held pursuant to 11 U.S.C. 341. **Attorney** shall further review and advise with respect to reaffirmation agreements. *Whether or not a Chapter 7 bankruptcy petition is filed, all fees paid are not refundable.*
3. After the filing of a Chapter 7 Bankruptcy Petition, as contemplated herein, any other services provided by **Attorney** deemed necessary and incidental to the bankruptcy proceeding shall be considered *post-petition* services not contemplated by the fee agreed to in paragraph 1. The base fee does not include preparation of amendments to Bankruptcy Schedules, including, but not limited to, amended schedules to add creditors not listed in the original petition. These services will be billed at **Attorney's** hourly rate plus cost of Court filing fees.
4. The base fee does not include representation in any *post-petition* services which may occur, including, but not limited to, court appearances for dischargeability issues, judicial lien avoidances, relief from stay actions, or any adversary proceedings. These services will be billed at **Attorney's** hourly rate plus cost of Court filing fees, client will be billed and, by signature below, agrees to pay, *post-petition*.
5. The failure of client to pay for *post-petition* services when the same become due and payable, as set forth above, shall constitute cause for **Attorney** to withdraw as attorney of record and cease all further services to client. Any withdrawal as attorney for client shall not be deemed a waiver of fees due and payable. *Clients agree to pay all reasonable costs of collection of any unpaid fees and costs, including reasonable attorney fees incurred in collection.*
6. By executing this agreement, clients agree that they have had an opportunity to discuss the agreement with **Attorney**, have asked any questions that have arisen, and have received understandable explanations for the questions, and is fully aware of the information contained herein.
7. The proposed Debtor is Rock River Tool & Die, Inc., however individuals signing this contract on behalf of Debtor as clients, do hereby also personally guarantee payment of fees.

GUARANTOR

Date:

James R. Wright
JAMES R. WRIGHT

BERNARD J. NATALE, LTD.

By: Bernard J. Natale

GUARANTOR

Date:

Barry E. Young
BARRY E. YOUNG

GUARANTOR

Date:

Sharon M. Shinault
SHARON M. SHINAULT

**United States Bankruptcy Court
Northern District of Illinois**

In re Rock River Tool & Die, Inc

Debtor(s)

Case No.
Chapter

7

VERIFICATION OF CREDITOR MATRIX

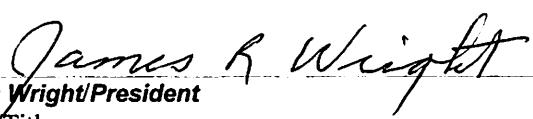
Number of Creditors:

40

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date:

05/19/17


James Wright/President
Signer/Title

Aramark Uniform Services
Auca Chicago MC Lock Box
25259 NETWORK PLACE
Chicago, IL 60673-1252

Danny L Jones
1507 8th Avenue
Rock Falls, IL 61071

Micro Punch and Die Co
Kirk Kirking
PO Box 5252
Rockford, IL 61125

Barry Young
21641 Hoover Rd
Sterling, IL 61081

Diamond Heat Treating
3691 Publishers Drive
Rockford, IL 61109

MSC Industrial Supply Inc
PO Box 953635
Saint Louis, MO 63195-3635

Barry Young
21641 Hoover Rd
Sterling, IL 61081

Eric M Woodard
314 E 2nd Street
Rock Falls, IL 61071

Norman J Geer, Esq.
105 North Main Street
Bowling Green, OH 43402

Blackhawk Industrial Distribution
PO Box 205665
Dallas, TX 75320-5665

EWT/3DCNC Inc
3019 Eastrock Court
PO Box 7473
Rockford, IL 61109-7473

Pro Tech Calibration & Repair
1827 First Ave
Silvis, IL 61282

BlueWater Thermal Solutions
PO Box 712534
Cincinnati, OH 45271-2534

Gleason Cutting Tools
Dept 550
PO Box 8000
Buffalo, NY 14267

Robert W Snyder
310 9th Ave
Sterling, IL 61081

Carroll O Berg, Jr
29028 Mechling Ln
Rock Falls, IL 61071

Hulick Metals, Inc
c/o: Attorney Tom Green
6833 Stalter Drive
Rockford, IL 61108

S.J. Smith Welding Supply
2500 1st Ave
Rte. 40
Rock Falls, IL 61071-3523

Chad M Oldham
700 N Meyers Ave
Milledgeville, IL 61051

James Wright
2104 E 39th Street
Sterling, IL 61081

Sauk Valley Bank
201 West 3rd Street
Sterling, IL 61081

Cline Tool Service Co, Inc
Attn: Accounting
PO Box 866
Newton, IA 50208

Johnson Oil Co
1305 12th Avenue
Rock Falls, IL 61071

Scott E Tornow
207 S Lincoln Street
Tampico, IL 61283-7716

Cody A Lawson
1406 8th Avenue
Rock Falls, IL 61071

Joseph J Wright
2207 14th Ave
Sterling, IL 61081

Sharon Shinault
209 W 20th Street
Rock Falls, IL 61071

Terry A Warner
2201 E. 7th Street
Sterling, IL 61081

Thomas W Cole
406 E 5th Street
Sterling, IL 61081

Todd D Tornow
106 North Main Street
Tampico, IL 61283

United Steel Workers of America
502 Woodburn Avenue
PO Box 916
Sterling, IL 61081

United Steel Workers of America
Attn: Mark Trone
679 W. 2nd Street
Galesburg, IL 61401

United Way of STRLG & RF
502 1st Ave
Sterling, IL 61081

USA Carbide Tooling Inc
PO Box 170908
Spartanburg, SC 29301-0908

Whiteside County Collector
Whiteside County Courthouse
200 E. Knox Street
Morrison, IL 61270

Zapp Tooling Alloys Inc
c/o Zapp Precision Strip Inc
266 Barnet Blvd
New Bedford, MA 02745

United States Bankruptcy Court
Northern District of Illinois

In re Rock River Tool & Die, Inc _____ Case No. _____
Debtor(s) _____ Chapter 7 _____

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Rock River Tool & Die, Inc in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

05/19/17
Date


Bernard J. Natale 2018683 Illinois

Signature of Attorney or Litigant
Counsel for Rock River Tool & Die, Inc
Bernard J. Natale, Ltd
Edgebrook Office Center
1639 N. Alpine Road, Suite 401
Rockford, IL 61107
(815) 964-4700 Fax:(815) 316-4646
natalelaw@bjnatalelaw.com